


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90190 044 ****61.25

DOCUMENT # 725775	
1. Entity Name	
LEISUREVILLE GOLF VIEW NORTH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
300 GOLF VIEW TERRACE BOYNTON BEACH FL 33426	300 GOLF VIEW TERRACE BOYNTON BEACH FL 33426

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
59-1702351	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
ARCHER, JAMES R 300 SW GOLFVIEW TERR APT 151 BOYNTON BEACH FL 33426	
7. Name and Address of New Registered Agent	
Name: John Porter Accounting	
Street Address (P.O. Box Number is Not Acceptable): 400 S. Federal Hwy. • Suite 404	
City: Boynton Beach, FL 33435	
City	Zip Code
FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **03/31/06**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHER, JAMES R	NAME	John Porter
STREET ADDRESS	300 SW GOLFVIEW TERR APT 151	STREET ADDRESS	400 S Fed Hwy Ste 404
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	SD <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHASHA, CAROL	NAME	
STREET ADDRESS	300 SW GOLFVIEW TERR. U3-138	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMEO, CARMEN	NAME	NORA LOUGHWIN
STREET ADDRESS	300 GOLFVIEW TER V3-145	STREET ADDRESS	300 Golfview Terr #115
CITY-ST-ZIP	BOYNTON BEACH FL	CITY-ST-ZIP	BB, FL 33426
TITLE	VD <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, ANN MARIE	NAME	
STREET ADDRESS	300 SE GOLFVIEW TER V3-116	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	TURRI, ANNA	NAME	
STREET ADDRESS	200 SW GOLFVIEW TER V3-132	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATALE, JEAN D	NAME	
STREET ADDRESS	100 SW GOLFVIEW TERR APT V3-107	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/1/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #